

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34041

State File No.

BIRTH NO.		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5668		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural black</u>)		c. LENGTH OF STAY (in this place) <u>32 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural black</u>		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. S.W. of Moscow Mills Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi. S.W. of Moscow Mills Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) <u>HOBSOK</u>		c. (Last) <u>CARTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Sept 17 1896</u>	
9. AGE (in years last birthday) <u>64</u>		10. KIND OF BUSINESS OR INDUSTRY <u>on Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Sleet</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Carter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ametia Richner</u> ADDRESS <u>Moscow Mills Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot himself in</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right side of</u> <u>Head</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>5 976X</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moscow Mills Lincoln Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 22-50 50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edna Ellear, Coroner</u> (Degree or title)				23b. ADDRESS <u>Troy, Mo.</u>		23c. DATE SIGNED <u>10/22/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Prairie Cem Lincoln County Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG <u>10-24-50</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u> ADDRESS <u>Troy Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 6 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Wayne McBay

Licensed Embalmer No.

3584

P. O. Address

Troy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.